## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/51/404 APPLICANT(S)

FILING DATE

**CLAIMS** 

	AS FILED		AFTER		AFTER	
	IND. DE		I"AMENDMENT IND. DEP.		2 rd AMENDMENT  IND. DEP.	
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TOTAL CLAIMS	1		181			
CLAIMS		3 <del>4</del>	10			

PTO - 1360 (REV. 11/04)

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